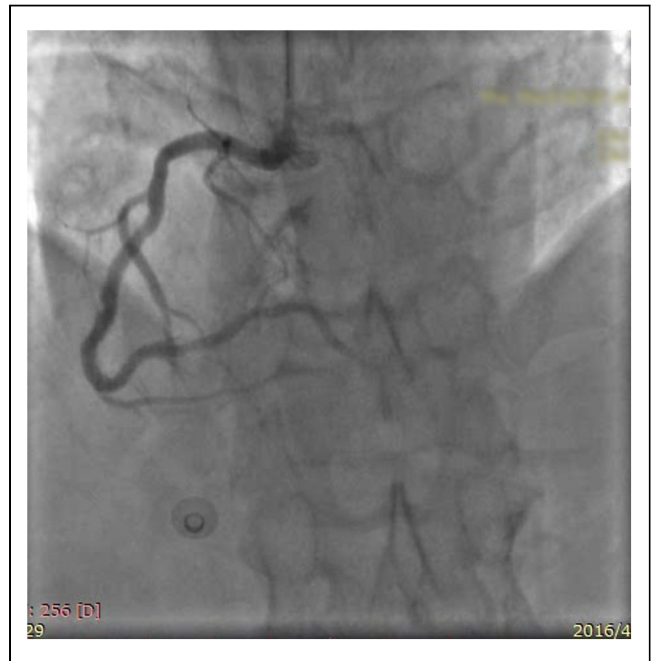
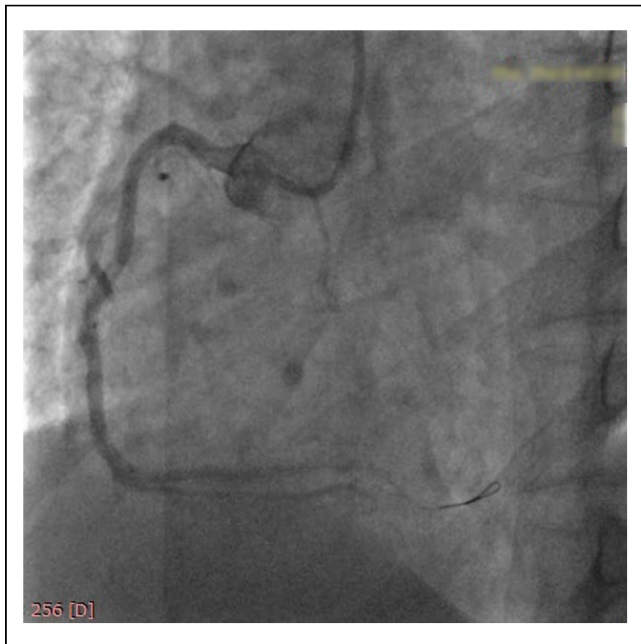


First, we dilated the distal segment of a right coronary artery using balloon at 10 atm and then the reflow was TIMI 3 at the IRA. Second, the 2.5/28 stent was implanted in the distal segment of RCA before the bifurcation at 12 atm. Then second stent (3.0/23) was implanted in the second turn of the RCA at 10 atm. Slow flow was happen in the posterior branch of right coronary artery. After the posterior artery was dilated with balloon again, there was still no re flow though we injected nitroglycerin,tirofiban through right coronary artery.

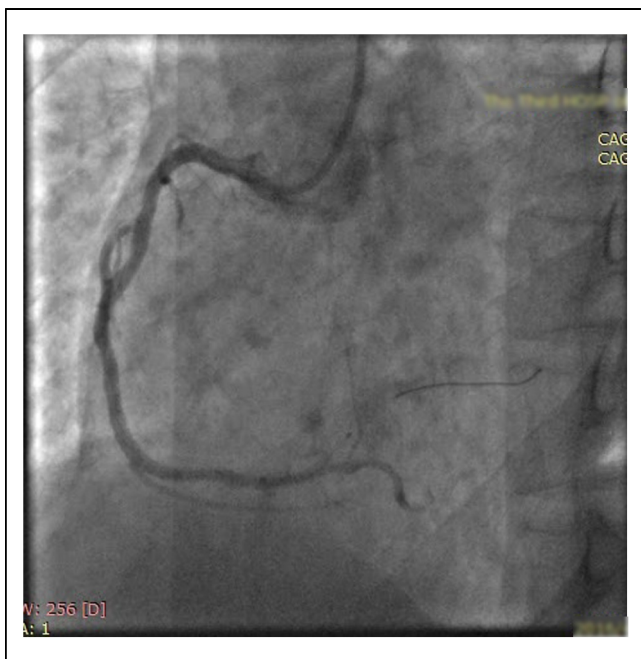


Case Summary. The factors with no or slow re flow in this ACS: Dissection, thrombosis?

Treatment for the no or slow re flow in AMI:

- 1 Dilating coronary artery drugs: intra-coronary nitroglycerin injection
- 2 Anti-spasm drugs: diltiazem
- 3 Anti-thrombus drugs: Tirofiban, improving the situation of myocardial re perfusion after PCI in patients with STEMI.

But, for the dissection in the target vessel, the drugs are not effective.



TCTAP C-159
Recanalization of a RCA-CTO with Previous False-lumen-implanted Stents

Wei Chieh Huang¹
¹Taipei Veterans General Hospital, Taiwan



[CLINICAL INFORMATION]

Patient initials or identifier number. 751249

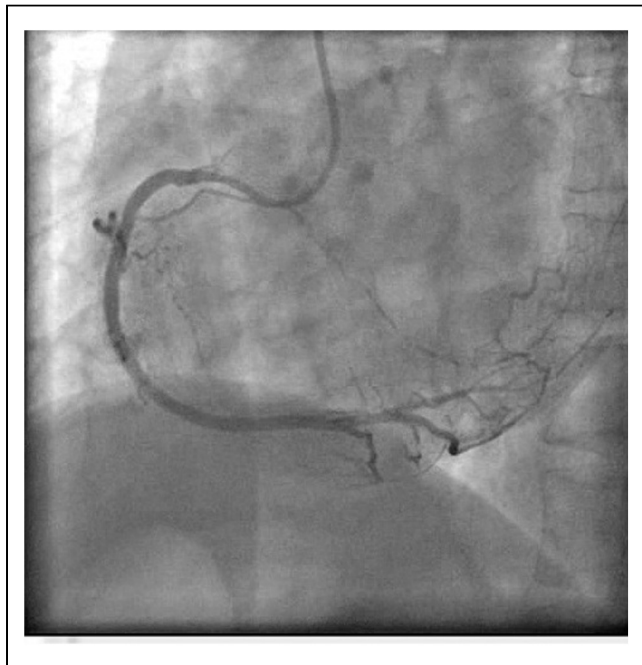
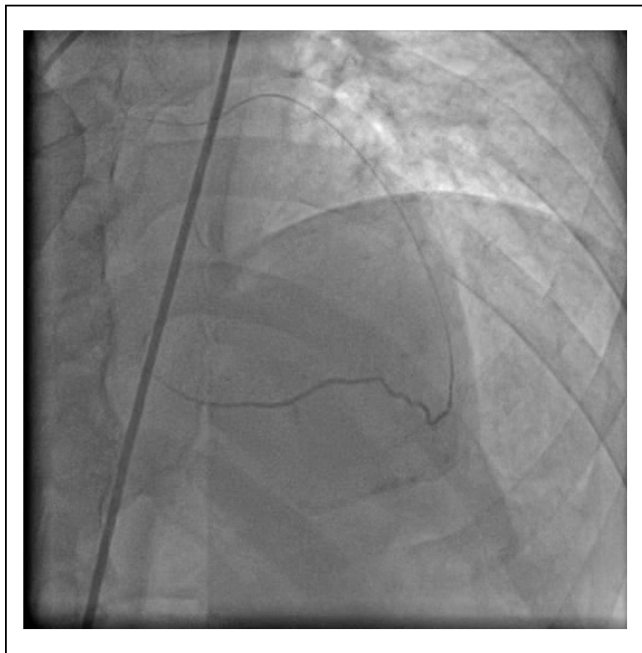
Relevant clinical history and physical exam. The patient had history of NSTEMI recently and received PCI. However due to long false lesion stenting, impaired LV ejection fraction was noted. Dyspnea was found and therefore he was admitted to our Hospital for further treatment

Relevant test results prior to catheterization. heart echo showed LVH, impaired LV systolic function and moderate to severe AS. Prior CAG showed long false stenting of RCA. PAD and PL branch showed total occlusion and with collaterals from LAD and LCX lesion.

Relevant catheterization findings. CAG showed RCA-P to -D was long false lumen stenting and -D: with total occlusion with good collaterals from LAD. LAD showed middle 80% stenosis with heavy calcification and LCX showed 40% stenosis.

[INTERVENTIONAL MANAGEMENT]

Procedural step. For RCA lesion, a SAL GC was engaged to RCA lesion and initially we chose retrograde approach. A Sion GW under the support of F was used to punctured the RCA-D lesion. However, due to failure of crossing this lesion we upgrade our GW to Provia 12. Finally, we crossed this lesion and we used IVUS to elevate lumen. After successful advancing GW we stenting over RCA-D to PL and the final flow showed good TIMI III. Finally he was transferred to CCU for further treatment.



Case Summary. Stenting should only be done after confirmation of all/ most part of wire in the true lumen, best by IVUS. Retrograde approach is the only way to reanalyze the occluded vessel with previous false lumen implanted stents.

TCTAP C-160

Mechanical Rotation less Thrombectomy in Chronic Total Occlusion Lesion Complicated with Spiral Dissection: Whether We Are in Hurry or Not



Johan Senihardja,¹ Rizki Francis Pandelaki,¹ Benny Mulyanto Setiadi,¹ Monique Priscilla Fransiska Rotty,¹ Bambang Budiono,² Janry Anton Pangemanan,¹ Agnes Lucia Panda¹
¹Sam Ratulangi University Manado, Indonesia; ²Awal Bros Makassar Hospital, Indonesia

[CLINICAL INFORMATION]

Patient initials or identifier number. E.L

Relevant clinical history and physical exam. Patient admitted due to chest pain about 2 weeks ago. The patient felt like tightness in left side of her chest. It was felt while doing moderate activity with duration about 5 minutes or less. A week ago, patient also admitted to private hospital due to the same complaint. Having done the diagnostic angiogram, the result wastwo vessels disease and patent stent at LAD. Patient had history of PCI in 2009, consumed anti platelet agent, and statin regularly.

Relevant test results prior to catheterization. ECG showed that there was T inverted at V4-V6 indicating ischemic process at anterolateral segment.

Relevant catheterization findings. From angiogram performed just one week before, the result was that:

- Left main : Normal
- LAD : Stenosis 30% at mid LAD and patent stent at mid LAD
- Intermediate : Stenosis 90% in proximal intermedius brach
- LCX : Stenosis 90% in ostial LCx, stenosis 80% at mid LCx, and total occlusion lesion after OM2
- RCA : Stenosis 70% in proximal RCA